REFERENCES AND REVIEWS

PREGNANCY AT AGE 40 AND OVER—L. B. Posner, J. E. Chidiac, and A. C. Posner. Obstet. Gynec.—Vol. 17:194 (Feb.) 1961

At the Harlem Hospital Center 502 women 40 years of age or older were delivered between 1949 and 1959. They accounted for 541 deliveries that resulted in 553 infants. Two mothers died. Two mongoloid babies and five babies with other abnormalities were observed. The incidence of cesarean section was 8 per cent contrasted with a 3 per cent average for all deliveries at the center. The incidence of malpresentation and serious obstetric complications was low in those over 40. There appears to be no relation between the age of the mother and the viability of her infant. Women of 40 or over have a good chance of bearing a living infant at term.

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SYMPTOMS AND SIGNS IN PROGNOSIS OF GASTRODUODENAL ULCERS—D. D. Kozoll and K. A. Meyer. Arch. Surg.—Vol. 82:528 (April) 1961

In cases of gastroduodenal ulcer the following symptoms and signs offered a *favorable* prognosis: a history of perforation of less than six hours without antecedent ulcer complications, normal nutritional state, a scaphoid abdomen, generalized tenderness with rigidity and rebound phenomena, and absent or hypoactive bowel sounds. These patients had the lowest morbidity and mortality. The symptoms and signs offering an *adverse* prognosis were: perforation of more than 12 hours, elevated or subnormal temperature, perspiration, poor oral hygiene, or repeated emesis. These patients were salvageable, although there was a greater than average mortality. These symptoms and signs offered a *grave* prognosis: hemorrhage with perforation, temperature in excess of 102° F. (39° C.), pulse in excess of 120, respiration in excess of 40 per minute, blood pressure below 80 mm. Hg, pallor, mulnutrition, obesity, distention, rales, cardiac enlargement, and severe pulmonary emphysema.

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JEJUNAL LOOP INTERPOSITION—W. Walters and L. Tama. Arch. Surg.—Vol. 82:625 (April) 1961.

On rare occasions, troublesome symptoms developing after operation on the stomach require additional surgical procedures. This occurs in spite of careful adaptation of the original procedure to the type of patient. An infrequently used procedure, interposition of a jejunal loop, as described by Henley, which appears to have its best applications in such cases, was employed for a patient with severe symptoms after extensive gastric resection and Billroth II anastomosis. Results were good.

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CHRONIC RINGWORM OF THE NAILS: LONG-TERM TREATMENT WITH GRISEOFULVIN—C. J. Stevenson and N. Djavahiszwili. Lancet—Volfl 1:373 (Feb. 18) 1961

Griseofulvin was given orally for one year to 50 patients with chronic onychomycosis of the feet due to *Trichophyton rubrum*—unless the infection cleared sooner. The nails cleared of infection in 20 patients, but four patients still had fungus in the toewebs. After 15 months' treatment of 14 patients with toenail infection, eight patients still had fungus in the nails and one in the skin only. Of 21 patients cleared of fungus (toenails and skin), fungus was found in one or other of these sites within three months of stopping treatment. By contrast, in 38 of 41 patients in the same trial, the fingernails were cleared of infection within one year of starting treatment, and no relapse occurred. Laboratory data are given, and alternative treatment is discussed.

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THE DOCTOR'S PLACE IN THE PATIENT'S HOSPITAL—S. T. Hayward. Lancet—Vol. 1:387 (Feb. 18) 1961

The author outlines the evolution of the concept of the "patients' hospital"—orientated not toward authority but toward the patients' needs. Doctors' needs, in attempting a cure in all patients, and the overvigorous therapeutic "assault" on the patient are examined. The not infrequent necessity of allowing patients to be ill for long periods is stressed. Rejection of the patients' complaints, resulting in premature discharge and a denial of chronicity, is criticized. The patient-oriented staff team includes both the administrative and the maintenance workers. Adequate communication depends on team relationship. The doctor functions variously as: (1) the traditional doctor, (2) a source of moral support and psychotherapy, (3) a team leader, and (4) a community adviser dealing with conflicting community expectations. The preferring of a small general hospital unit to a mental hospital may involve a subconscious need to deny the existence of chronic psychosis and may lead to its neglect.

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NEUROVASCULAR COMPRESSION SYNDROMES OF THE SHOULDER GIRDLE—Louis M. Rosati, M.D., and Jere W. Lord, M.D., both Professors of Clinical Surgery, New York University Post-Graduate Medical School; and Attending Surgeons, Bellevue and University Hospitals, New York. (Modern Surgical Monographs 3, I. S. Ravdin, M.D., Editor in Chief; Richard H. Orr, M.D., Consulting Editor.) Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1960. 168 pages, $7.25.

The authors have organized the neurovascular compression syndromes of the shoulder girdle into three separately defined entities. They review with simple and readily

(Continued on Page 56)